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THE SEARCH FOR HEALTH

A Report from
The National Institutes of Health
Bethesda, Maryland

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Pelvic Inflammatory Disease

The most serious and common complication of sexually transmitted diseases among women is pelvic inflammatory disease (PID), an infection of the upper genital tract. PID can affect the uterus, ovaries, fallopian tubes, or other related structures; it can be acute (short-term) or chronic (long-lasting). PID can lead to infertility, tubal pregnancy, chronic pelvic pain, and other serious consequences.

PID occurs when disease-causing organisms migrate upwards from the vagina and cervix into the reproductive organs. Many different organisms can cause PID, but most cases are associated with gonorrhea and chlamydial infections. Scientists have also found that bacteria normally present in the vagina and cervix may also play a role.

Investigators are learning more about how these organisms cause PID. The gonococcus probably travels to the fallopian tubes, where it penetrates the cells of the tube's lining and destroys them, producing a pus-like substance. The pus can carry the infection to other organs, resulting in more inflammation, pus, and scarring.

The major symptoms of PID are lower abdominal pain, discharge from the cervix or vagina, and fever. Often only some of these symptoms appear, and other symptoms such as pain in the right upper abdomen can occur as well. PID, particularly when caused by chlamydia, may produce only minor symptoms, even though it can seriously damage the pelvic organs.

A patient's symptoms alone are not enough to confirm a diagnosis of PID. Laboratory tests can aid in establishing the diagnosis, but the diagnosis can only be confirmed by a procedure called laparoscopy. In this procedure, a small incision is made just below the woman's navel. A tiny tube with a lighted end is inserted to allow the doctor to view the internal organs as well as take a sample of tissue if necessary.

Because the specific organisms responsible for an episode of PID often cannot be determined without laparoscopy and because more than one agent is usually responsible, antibiotics should be given that will be effective against a wide variety of infectious agents. These include doxycycline, clindamycin, cefoxitin, and ampicillin, usually in combination with other medications.

Many women with PID have sex partners who have no symptoms. Because of the risk of reinfection, however, sex partners should be treated. Even if they do not have symptoms, they may be infected with organisms that can cause PID.

As many as one-fourth of women with recurrent infections suffer long-term consequences, including infertility, tubal pregnancy, or chronic pelvic pain.

Untreated PID results in chronic pelvic pain and scarring in about 20 percent of patients. These conditions often require surgery. The risk of these complications increases with increasing numbers of episodes of acute PID, increasing severity of infection, and increasing age of the patient.

Scientists supported by the National Institute of Allergy and Infectious Diseases are studying PID and its major causes, gonorrhea and chlamydial infections, and are seeking to find faster and more accurate ways to diagnose PID as well as more effective ways to treat and prevent these infections.

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